FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -7 AM 10:48

DOCUMENT # **S79879** **(0)**

1. Corporation Name
EVERGLADES RENTAL AGENCY, INC.

Principal Place of Business	Mailing Address
324 SW 5 ST BELLE GLADE FL 33430	324 SW 5 ST BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/12/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0298650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUMPH, BEATRICE K.
324 SW 5 ST
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, WILLIE L., SR.	1.2 NAME	
STREET ADDRESS	P O BOX 1750 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, HAYWARD	2.2 NAME	
STREET ADDRESS	P O BOX 1750 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FOSTER, C.D.	3.2 NAME	
STREET ADDRESS	P O BOX 1750 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, MATILDA E.	4.2 NAME	
STREET ADDRESS	P O BOX 1750 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES	5.2 NAME	
STREET ADDRESS	P O BOX 1750 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	RUMPH, BEATRICE K.	6.2 NAME	
STREET ADDRESS	P O BOX 1750 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beatrice K. Rumph, President 6/7/95 407-996-6742
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0437109 FP